

**COMBINED DECLARATION FOR PATENT
APPLICATION AND POWER OF ATTORNEY**
(Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER
57953/1221 (ZHA01-01)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**A METHOD FOR INTRODUCING CONJUGATED CAPS ONTO MOLECULAR FRAGMENTS AND
SYSTEMS AND METHODS FOR USING THE SAME TO DETERMINE INTER-MOLECULAR
INTERACTION ENERGIES**

the specification of which (check only one item below):

☐ is attached hereto.

☒ was filed as U.S. Patent Application Serial No. 10/825,186 on April 16, 2004 and was amended on _____
(if applicable).

☐ was filed as PCT International Application Number _____ on _____ and was amended under PCT Article 19
on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specifications, including the claims, as amended by any amendment referred to above.

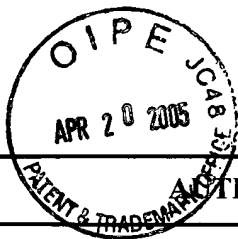
I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 35, Code of Federal Regulations, § 1.56(a).

I hereby claim priority benefits under Title 35, United States Code, § 119 of any application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States listed below and have also identified below any application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

| COUNTRY (If PCT, indicate "PCT") | APPLICATION NUMBER | DATE OF FILING (day, month, year) | PRIORITY CLAIMED UNDER 35 USC 119 |
|-------------------------------------|-----------------------|--------------------------------------|---|
| United States | 60/463,753 | 17-APRIL-2003 | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
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| | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |

| COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Continued) (Includes Reference to PCT International Applications) | | | | ATTORNEY'S DOCKET NUMBER 57953/1221 (ZHA01-01) | |
|---|-------------------------|---------------------------------------|--|---|--|
| <p>I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT International filing date of this application:</p> | | | | | |
| <p>PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:</p> | | | | | |
| U.S. APPLICATIONS | | | STATUS (Check One) | | |
| U.S. APPLICATION NUMBER | U.S. FILING DATE | PATENTED | PENDING | ABANDONED | |
| | | | | | |
| PCT APPLICATIONS DESIGNATING THE U.S. | | | | | |
| PCT APPLICATION NO. | PCT FILING DATE | U.S. SERIAL NUMBERS ASSIGNED (if any) | | | |
| | | | | | |
| | | | | | |
| <p>POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. Michael L. Goldman, Registration No. 30,727; Joseph M. Noto, Registration No. 32,163; Gunnar G. Leinberg, Registration No. 35,584; Candice J. Clement, Registration No. 39,946; Edwin V. Merkel, Registration No. 40,087; Georgia Evans, Registration No. 44,597; Alice Y. Chai, Registration No. 45,758; Andrew K. Gonsalves, Registration No. 48,145; Noreen L. Connolly, Registration No. 48,987; John Campa, Registration No. 49,014; David J. Cutitta, Registration No. 52,790; Jeffrey N. Townes, Registration No. 47,412</p> | | | | | |
| <p>Send Correspondence to:</p> | | | <p>Michael L. Goldman NIXON PEABODY LLP Clinton Square, P.O. Box 31051 Rochester, New York 14603</p> | | |
| | | | <p>Direct telephone calls to: (585) 263-1304</p> | | |
| 201 | FULL NAME OF INVENTOR | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME | |
| | RESIDENCE & CITIZENSHIP | CITY | STATE/FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP | |
| | POST OFFICE ADDRESS | P.O. ADDRESS | CITY | STATE & ZIP CODE/COUNTRY | |
| | | | | | |
| 202 | FULL NAME OF INVENTOR | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME | |
| | RESIDENCE & CITIZENSHIP | CITY | STATE/FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP | |
| | POST OFFICE ADDRESS | P.O. ADDRESS | CITY | STATE & ZIP CODE/COUNTRY | |
| | | | | | |
| 203 | FULL NAME OF INVENTOR | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME | |
| | RESIDENCE & CITIZENSHIP | CITY | STATE/FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP | |
| | POST OFFICE ADDRESS | P.O. ADDRESS | CITY | STATE & ZIP CODE/COUNTRY | |
| | | | | | |
| <p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.</p> | | | | | |
| SIGNATURE OF INVENTOR 201 | | SIGNATURE OF INVENTOR 202 | | SIGNATURE OF INVENTOR 203 | |
| DATE 7/19/04 | | DATE 07/19/04 | | DATE | |



Sample Form (09-04)

AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITYIn re Application of:
Zhang et al.Application No.
10/825,186Filed:
April 16, 2004Title: A METHOD FOR INTRODUCING CONJUGATED CAPS ONTO MOLECULAR FRAGMENTS AND
SYSTEMS AND METHODS FOR USING THE SAME TO DETERMINE INTER-MOLECULAR
INTERACTION ENERGIES

Attorney Docket No. 57953/1221 (ZHA01-01)


Art Unit: 1631

The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 CFR 1.34:

| Name | Registration Number |
|------------------|---------------------|
| Marc S. Kaufman | 35,212 |
| Joseph A. Parisi | 53,435 |

This is not a Power of Attorney to the above-named practitioner. Accordingly, the practitioner named above does **not** have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the above-named practitioner should be executed and filed in the United States Patent and Trademark Office.

SIGNATURE of Practitioner of Record

| | | | |
|-----------|---|---------------------------------|----------------|
| Signature |  | Date | April 15, 2005 |
| Name | Michael L. Goldman | Registration No., if applicable | 30,727 |
| Telephone | 585-263-1304 | | |

This form offers a sample or suggested format for an authorization for an agent. See MPEP § 713.05 for more information. This sample form is not an OMB officially approved form.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.